

HAWAII STATE ETHICS COMMISSION

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email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM
STATE OF HAWAIL

	(Type or Print Clearly)		
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Sumimoto-Matsushima, Paula M			808.941.0556
MAILING ADDRESS (Street)			FAX 808.945.0019
1654 S King Street	<u> </u>		EMAIL psumimoto@hcul.org
(City)	(State)		(Zip Code)
Honolulu, HI 96826			
EMPLOYING ORGANIZATION (Fill in only if you are	TELEPHONE		
MAILING ADDRES\$ (Street)			FAX
			EMAIL
(City)	(State)	11. Add 10 William	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY	TELEPHONE	
Hawaii Credit Union League	808.941.0556	
MAILING ADDRESS (Street)		FAX 808.945.0019
1654 S. King Street		EMAIL info@hcul.org
(City)	(State)	(Zip Code)
Honolulu, HI 96826		
NAME OF PERSON RESPONSIBLE FOR PR	TELEPHONE	
Paula Sumimoto-Matsushima	808.941.0556	
MAILING ADDRESS (Street)		FAX 808.945.0019
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Honolulu, HI 96826		

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PART III DESCRIPTION	OF SUBJECTS UPON WHI	ICH YOU EXPECT TO LOB	BY			
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	d Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	√ Housing	☐ Public Safety & Corrections	<u>Financial</u> <u>Institutions</u>			
PART IV CERTIFICATIO	N OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
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	(Signature of Lobbyist)		(Date)			
DADZI 4117110017471						
NAME	PART V AUTHORIZATION TO LOBBY					
	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Dennis Tanimoto	President					
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE			
Hawaii Credit Union Lea	igue		808.941.0556			
MAILING ADDRESS (Street)			FAX 808.945.0019			
1654 S King Street			EMAIL dtanimoto@hcul.org			
(City)	(State)		(Zip Code)			
Honolulu, HI 96826						
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Decamber 10, 2012						

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(Date)

(Signature of Authorizing Officer or Person Represented)